



**CITY OF  
WEST LAFAYETTE**

***MEMORANDUM***

**TO:** Board of Public Works and Safety

**FROM:** Diane Foster  
Human Resources Director

**DATE:** November 1, 2010

**SUBJECT:** **2011 INSURANCE PREMIUMS**

I request Board of Works approval of the following monthly group insurance premiums for calendar year 2011.

	<b>2011 RENEWAL RATE</b>
<b>Anthem</b> Medical - Health Savings Account	\$303.62 Employee \$607.26 Employee/Spouse \$576.91 Employee/Child(ren) \$880.55 Family 9.1% increase
<b>United Healthcare</b> Dental	\$24.49 Employee \$48.98 Employee/Spouse \$54.47 Employee/Child(ren) \$84.09 Family 2-year rate guarantee; no change from 2010
<b>United Healthcare</b> Life Dependent Life AD&D LTD	\$0.12/\$1,000 \$2.44/\$1,000 \$0.02/\$1,000 \$0.34/\$100 2-year rate guarantee; no change from 2010
<b>Vision Service Plan (VSP)</b> Vision	\$7.63 Employee \$17.27 Family 0.5% rate reduction